



FORM GC-212 INSTRUCTIONS

CONFIDENTIAL GUARDIAN SCREENING (GC-212)

Tips for completing
Court forms,
[Click here](#)

Filling out the Caption on your form

The top of the form has 6 boxes.

Fill out the caption boxes as follows:

- ① “Attorney or Party without Attorney” - if you do not have an attorney, fill in your name, address, and telephone number.
“Attorney For (Name)” – if you do not have an attorney, write “In Pro Per” (which means that you are representing yourself).
- ② “SUPERIOR COURT OF CALIFORNIA, COUNTY OF” – write the name of the County where you are filing your case. [Click here for location of courts.](#)
- ③ “Guardianship of (Name)” - write in the full name of the [minor](#) (child).
- ④ Check the box “Guardianship of” and “Person” or “Estate”.
- ⑤ “For Court Use Only” – Leave blank.
- ⑥ “Case Number” – Write in the case number.

The form is titled "CONFIDENTIAL (DO NOT ATTACH TO PETITION)" and "GC-212". It is divided into several sections. A red circle highlights the top section, which contains six numbered boxes: 1. "Attorney or Party without Attorney" (Name, Address, Telephone Number); 2. "SUPERIOR COURT OF CALIFORNIA, COUNTY OF"; 3. "Guardianship of (Name)"; 4. "Guardianship of" (Person, Estate); 5. "For Court Use Only"; 6. "Case Number". Below this section is a section for "How This Form Will Be Used" and a section for "Proposed guardian (name)" with fields for Date of birth, Social security number, Driver's license number, and Telephone numbers (Home, Work, Other).

Confidential Guardian Screening

Important! This form is private. It will only be seen by the judge, the investigator, and the person who is filling out the form. Each person who is applying to become a guardian must fill out and [file](#) his or her own copy of this form at the court. This form does NOT get attached to the Petition (Form GC-210). NOTE: YOU MAY WANT TO TALK TO AN ATTORNEY BEFORE ANSWERING THE QUESTIONS ON THIS FORM.

1. a. Write the name of the proposed guardian;
b. Write the month, day and year the child was born;
c. Write the child's social security number;
d. If the child has a driver's license, write that number here. Include the state where the license was issued;
e. Write all the telephone numbers where the person who is asking to be [guardian](#) can be reached.

2. Check the box “I am” if you must register as a sex offender under California Penal Code section 290. Explain this on a separate page that you will label “Attachment 2.”
3. Check the box “I have” If you have ever been charged with, arrested for, or convicted of a felony or misdemeanor crime. This includes arrests for drug or alcohol-related offenses. Explain this on a separate page that you will label “Attachment 3.”
4. Check the box “I have” if you have had a restraining order or protective order filed against you in the last 10 years. Explain this on a separate page that you will label “Attachment 4.”
5. Check the box “I am” if you have a mental health-related issue and are receiving services from a psychiatrist, psychologist, or therapist. Explain this on a separate page that you will label “Attachment 5.”
6. Check the “yes” box if you or any person living in your home have an assigned social worker, parole officer, or probation officer. Explain why and give the name and address of each social worker, parole officer, or probation officer on a separate page that you will label “Attachment 6.”
7. Check the “yes” box if you or any person living in your home has been charged with, arrested for, or convicted of any form of child abuse, neglect, or molest. Explain this on a separate page that you will label “Attachment 7.”
8. Check the “yes” box if you know that any reports about child abuse, neglect, or molest have been made to law enforcement or another agency regarding you or someone living in your home. Explain this and give the name and address of each agency on a separate page that you will label “Attachment 8.”

At the top of page 2, GC-212

The top of the form has 2 boxes.

CONFIDENTIAL

GUARDIANSHIP OF (Name) **1** NAME **2** CASE NUMBER

9. Have you or has any other person living in your home habitually used a try legal substance as or abused alcohol?
☐ Yes ☐ No (If yes, explain in Attachment 8.)

10. Have you or has any other person living in your home been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol?
☐ Yes ☐ No (If yes, explain in Attachment 10.)

11. Do you or does any other person living in your home suffer from mental illness?
☐ Yes ☐ No (If yes, explain in Attachment 11.)

12. Do you suffer from any physical disability that would impair your ability to perform the duties of guardian?
☐ Yes ☐ No (If yes, explain in Attachment 12.)

13. ☐ I have or may have ☐ I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of guardian. (If you have or may have, explain in Attachment 13.)

14. ☐ I have ☐ I have not previously been appointed guardian, conservator, executor, or fiduciary in another proceeding. (If you have, explain in Attachment 14.)

15. ☐ I have ☐ I have not been removed as guardian, conservator, executor, or fiduciary in any other case. (If you have, explain in Attachment 15.)

16. ☐ I have ☐ I have not had the last three consecutive years in the last 10 years. (If you have, explain in Attachment 16.)

Fill out the caption boxes as follows:

- ① “Check the box “[Guardianship](#)” - and write in the child’s full name.
- ② “**Case Number**” – Write in the case number.

9. Check the “yes” box if you or any person living in your home has been in the habit of using any illegal substances or abusing alcohol. Explain this on a separate page that you will label “Attachment 9.”
10. Check the “yes” box if you or any person living in your home has been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol. Explain this on a separate page that you will label “Attachment 10.”
11. Check the “yes” box if you or any person living in your home suffers from mental illness. Explain this on a separate page that you will label “Attachment 11.”
12. Check the “yes” box if you have any physical disability that might make it difficult for you to do all the things needed to care for a child. Explain this on a separate page that you will label “Attachment 12.”
13. Check the appropriate box if you have (or think you have) a [legal, money, or other interest](#) that might affect the child for whom you would be a guardian. Explain this on a separate page that you will label “Attachment 13.”
14. Check the box “I have” if you have been appointed guardian, conservator, executor, or fiduciary for another person or estate in any other court proceeding. Explain this on a separate page that you will label “Attachment 14.”
15. Check the “I have” box if you have been removed as guardian, conservator, executor, or fiduciary in any other case. Explain this on a separate page that you will label “Attachment 15.”
16. Check the “I have” box if you have filed for bankruptcy protection at any time in the last 10 years.
17. Write in the child’s name, the school that he or she attends, and the home, school or other telephone numbers where the child can be reached.
18. If there is a second child, give the same information for this child.
19. If there is a third child, give the same information for this child. (Attach an extra sheet of paper if there are more than 3 children.)

Date, print, and sign your name. You are promising [under penalty of perjury](#) that everything you have written on this form is true and correct.